Department of Health & Human Services
Administration for Children & Families

Instructions for Electronic Submission

Notice: On January 1, 2012, the Administration for Children and Families implemented required electronic application submission via www.Grants.gov for discretionary grant applications. (76 Fed. Reg. 66721-66723, October 27, 2011, New Policies and Procedural Requirements for the Electronic Submission of Discretionary Grant Applications). Please see *Section III.3. Disqualification Factors*, Section *IV.2. Content and Form of Application Submission* and *Application Submission Options*, and *Section IV.3. Explanation of Due Dates and Times* in the published Funding Opportunity Announcement (FOA) for information on electronic application submission and the availability of exemptions allowing applicants to submit applications in paper format.

To submit an application electronically for an award, applicants must use the http://www.Grants.gov website.

- **Electronic application submission is now required by ACF.**

- **Applicants that do not have Internet access or sufficient computer capacity to upload large files to the Internet may request an exemption from required electronic application submission.** See "**Request an Exemption from Required Electronic Application Submission"** later in this document.

- **Electronic applications must be submitted to www.Grants.gov by 11:59 p.m., ET, on the due date.**

- A DUNS Number and current registration at the Central Contractor Registry (CCR) are required. DUNS and CCR registration are part of the www.Grants.gov registration process. See "Get Registered" at http://grants.gov/applicants/get_registered.jsp.

- **ACF will not accept applications via facsimile or email**.

- The electronic application can be downloaded from www.Grants.gov.

- It is to an applicant's advantage to submit their applications **at least 24 hours** in advance of the application due date and time in order to correct any failures found during the application validation check.

- Electronic submission at www.Grants.govis two-step process:
    - Submission by the due date and time.
    - Application validation check.

- Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.

- **Read and observe all application submission requirements provided at** http://www.grants.gov/applicants/apply_for_grants.jsp.

- Observe the formatting requirements and page limitations provided in the *Section IV.2. Formatting ACF Applications* in the section on electronic applications in the published FOA.

- Carefully read and observe electronic file naming conventions provided in the application submission instructions at http://www.grants.gov/applicants/apply_for_grants.jsp.

- Use only file formats supported by ACF. See *Section IV.2. Formatting ACF Applications* in the published FOA.

- Additional guidance on the submission of electronic applications can be found at http://www.grants.gov/assets/Organization_Steps_Complete_Registration.pdf.

- If applicants encounter any technical difficulties in using www.Grants.gov, contact the Grants.gov Contact Center at: 1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on Federal holidays.

- Applicants should retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.

- The Grants.gov website complies with Section 508 of the U.S. Rehabilitation Act of 1973, as amended (29 U.S.C. § 794d). Grants.gov web pages are designed to work with assistive technologies such as screen readers. If an applicant uses assistive technology and is unable to access any material on the site, contact the Grants.gov Contact Center at support@grants.gov for assistance.

- Applicants that submit their applications electronically should retain a hard copy of their application package.

- **Contact with the Grants.gov Contact Center prior to the listed due date and time does not ensure acceptance of your application under the validation process. If difficulties are encountered, the Grants Management Officer listed in *Section VII. Agency Contacts* in the FOA will determine whether the submission issues are due to Grants.gov system errors or to user error.**

- Instructions for the SF-424, SF-P/PSL, SF-424A, and SF-424B are included in this package. Instructions for these forms are also available at http://www.acf.hhs.gov/grants/grants_resources.html .

Application Validation at www.Grants.gov

The difference between a submission receipt and submission validation occurs after an applicant submits an application. Grants.gov generates a submission receipt via email and also sets the application status to "Received." This receipt verifies the application has been successfully delivered to the Grants.gov system.

Next, Grants.gov verifies the submission is valid by ensuring it does not contain viruses, the opportunity is still open, and the applicant login and applicant DUNS number match. If the submission is valid, Grants.gov generates a submission validation receipt via email and sets the application status to "Validated."

If the application is not validated, the application status is set to "Rejected." The system sends a rejection email notification to the applicant and the applicant must re-submit the application package. See "What to Expect After Submitting" at www.Grants.gov for more information.

Each time an application is submitted, or resubmitted, via www.Grants.gov, the application will receive a new date and time stamp. Only those applications with on-time date and time stamps that result in a validated application, which are transmitted to ACF, will be acknowledged.

Applicants will be provided with an acknowledgement from www.Grants.gov that the submitted application package has passed, or failed, a series of checks and validations. Applications that are submitted on time that fail the validation check will not be transmitted to ACF and will not be acknowledged.

Request an Exemption from Required Electronic Application Submission

ACF recognizes that some applicants may have limited or no Internet access, and/or limited computer capacity, which may prohibit them from uploading large files to the Internet at www.Grants.gov. To accommodate such applicants, ACF offers an exemption from required electronic submission. The exemption will allow applicants to submit hard copy, paper applications by hand-delivery, applicant courier, overnight/express mail couriers, or by other representatives of the applicant.

To receive an exemption from required electronic application submission, applicants must submit a written request to ACF stating that the applicant qualifies for the exemption for one of two reasons:

- Lack of Internet access or Internet connection, or
- Limited computer capacity that prevents the uploading of large documents (files) to the Internet at www.Grants.gov.

Applicants may request and receive the exemption from required electronic application submission by either:

- Submitting an email request to electronicappexemption@acf.hhs.gov, or
- Sending a written request to the Office of Grants Management Contact listed in *Section VII. Agency Contacts* in this announcement.

An exemption is applicable to all applications submitted by the applicant organization during the Federal Fiscal Year (FFY) in which it is received. Applicants need only request an exemption once in a FFY. Applicants will need to request a new exemption from required electronic submission for any succeeding FFY.

Please Note: electronicappexemption@acf.hhs.gov **may be used only to request an exemption from required application submission.** All other inquiries must be directed to the appropriate Agency Contact listed in *Section VII*. of this announcement. Queries other than requests for approval of an exemption to allow submission of an application in paper format submitted to this email address will not be acknowledged or answered.

Exemption requests by email to electronicappexemption@acf.hhs.gov and by postal mail must include:

- FOA Title,
- Funding Opportunity Number (FON),
- The listed Catalog of Federal Domestic Assistance (CFDA) number,
- Name of Applicant Organization and DUNS Number,
- AOR name and contact information,
- Name and contact information of person to be contacted on matters involving the application, and
- The reason for which the applicant is requesting an exemption from electronic application submission. The reason must be either the lack of Internet access or connection, or lack of computer capacity that prevents uploading large documents (files) to the Internet.

Exemption requests must be ***received by*** ACF no later than two weeks before the application due date, that is, 14 calendar days prior to the application due date listed in the *Overview* and in *Section IV.3. Submission Dates and Times*. If the fourteenth calendar day falls on a weekend or Federal holiday, the due date for receipt of an exemption request will move to the next Federal business day that follows the weekend or Federal holiday.

Applicants may refer to *Section VIII. Other Information* for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

Formatting Your Application

For All ACF Applications:

Authorized Organizational Representative (AOR)
The individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or awards.

Each applicant must designate an Authorized Organizational Representative (AOR). An AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to the grant application or awards.

AOR Authorization is part of the registration process at www.Grants.gov where the AOR will create a short profile and obtain a username and password from the Grants.gov Credential Provider. AORs will only be authorized for the DUNS number registered in the Central Contractor Registration (CCR).

Point of Contact
In addition to the AOR, a point of contact on matters involving the application must also be identified. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR. The point of contact must be available to answer any questions pertaining to the application.

Application Checklist
Applicants may refer to *Section VIII. Other Information* in the published FOA for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

Follow the instructions provided in the formatting section to ensure that your application can be printed efficiently and consistently for the competitive review.

Observe page limitations.
All applicants must follow the instructions provided in this section. Be sure to print all attachments (components) on paper and count the number of pages before submission. Keep the printed copy as a hard copy of your application for your files.

Application Package Components
Applications must be divided into the sections listed in the table. (The order in which components are submitted electronically via www.Grants.gov or included in a paper application may not be the same as listed in the table.) Page limitations apply to the Project Description document and the Appendices and the following:

- The Project Summary/Abstract is limited to one single-spaced page.

- The Budget Justification should be no more than 10 single-spaced pages and will not count against page limitations.

FORMATTING FOR ELECTRONIC APPLICATIONS SUBMITTED VIA www.Grants.gov:

Notice: The Administration for Children and Families has implemented required electronic application submission via *www.Grants.gov*. *Applicants are now required to submit their applications electronically unless they have requested and received an exemption that will allow submission in paper format. See Section IV.2. Application Submission Options.*

Electronic applications will only be accepted via www.Grants.gov. ACF will not accept applications submitted via email or via facsimile. Only applications, which pass the Grants.gov validation check, will be acknowledged.

Please read this section carefully before beginning application submission. It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.

Copies Required
Applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application package.

NOTE: Applications submitted via www.Grants.gov will undergo a validation check. See *Section IV.2. Application Submission Options* and *Section IV.3. Submission Due Dates and Times, Explanation of Due Dates*. The validation check can affect whether the application is accepted for review. Applications that fail the www.Grants.gov validation check will not be transmitted to ACF. If the application fails the validation check and is not resubmitted by 11:59 p.m., ET, on the due date, it will be disqualified.

Signatures
Follow the AOR Authorization and E-Biz POC instructions provided at www.Grants.gov.

Required OMB-Approved and Standard Forms (SFs)
www.Grants.gov provides its own protocols for the submission of OMB-approved and Standard Forms (SFs) such as the SF-424 application and budget forms and the SF-P/PSL, Project/Performance Site Location form. See *Section IV.2. Required Forms, Assurances, and Certifications* for required OMB-approved Standard Forms and required assurances and certifications.

Application Package Components
Applications must be divided into the sections listed in the table. **It is important that each component is submitted in a separate electronic file.** Page limitations apply to the Project Description document and the Appendices and the following:

- The Project Summary/Abstract is limited to one single-spaced page.
- The Budget Justification should be no more than 10 single-spaced pages.

Application Package Components	**Page Limitations**
Required Standard Forms (SFs) and/or OMB-approved Forms	No page limitations.
Required Certifications and Assurances	No page limitations.
Project Summary/Abstract	Limited to one single-spaced page.
Project Description	Page Limitations and included items are listed later in this section.
Budget Justification	No more than 10 single-spaced pages and will not count against page limitations.
Proof of Legal Status/Proof of Non-Profit Status	No page limitations.
Appendices	Page Limitations and included items are listed later in this section.

The required content of the Project Description and any Appendices, and their page limits, are listed later in this section.

With the exception of the required Standard Forms (SFs), all application materials must be submitted formatted so that they will print out onto 8 ½" x 11" white paper with 1-inch margins. **All pages of the application component, i.e., Project Description, Budget Justification, Appendices, must be sequentially numbered.** Applicants should print all attachments on paper and count the number of pages before submission. Applicants should keep a hard copy of the submitted application package for their files. The font size on any scanned documents must be large enough so that it is readable.

All elements of the application submission, with the exception of the one-page Project Summary/Abstract, the Budget Justification, required Assurances and Certifications, and proof of legal status/non-profit status, must be in double-spaced format in 12-point font. The Project Summary/Abstract is required to be one single-spaced page in 12-point font. The Budget Justification may be single-spaced page in 12-point font and should be no more than 10 pages. The font size on any scanned documents must be large enough so that it is readable.

Applicants must follow the instructions provided in this section:

Carefully observe the file naming conventions required by www.Grants.gov.
Limit file names to 50 characters and do not use special characters (example: &,-,*,%,/,#) including periods (.), blank spaces, and accent marks, within application form fields, and file attachment names. An underscore (_) may be used to separate a file name.

Use only file formats supported by ACF.
It is critical that applicants only submit application components using the supported file formats listed here. Documents in file formats that are not supported by ACF will be removed from the

application and will not be used in the competitive review. This may make the application incomplete and ACF will not make any awards based on an incomplete application.

ACF supports the following file formats:

- Adobe PDF – Portable Document Format (.pdf)
- Microsoft Word (.doc or .docx)
- Microsoft Excel (.xls or .xlsx)
- Microsoft PowerPoint (.ppt)
- Corel WordPerfect (.wpd)
- Image Formats (.JPG, .GIF, .TIFF, or .BMP only)

Do not encrypt or password protect the electronic application files!
If ACF cannot access submitted electronic files because they have been encrypted or are password protected, the affected file will be removed from the application and will not be used in the competitive review. This may make the application incomplete and ACF will not make any awards based on an incomplete application.

EXPLANATION OF DUE DATES AND TIMES

The due date for receipt of applications is listed in the *Overview* section and in *Section IV.3. Submission Dates and Times* in the published FOA. Applicants should also read *Section III.3. Application Disqualification Factors*.

Electronic Applications

The deadline for submission of electronic applications via www.Grants.gov is 11:59 p.m., ET, on the due date. Electronic applications submitted at 12:00 a.m., ET, on the day after the due date will be considered late and will be disqualified from competitive review and from funding under this announcement.

Applicants are required to submit their applications electronically via www.Grants.gov unless they received an exemption through the process described in *Section IV.2. Request an Exemption from Required Electronic Application Submission.*

ACF does not accommodate transmission of applications by email or facsimile.

Instructions for electronic submission via www.Grants.gov are available at http://www.grants.gov/applicants/apply_for_grants.jsp.

Please note:

Applications submitted to www.Grants.gov at any time during the open application period, and prior to the due date and time, that fail the Grants.gov validation check, will not be received at ACF. **These applications will not be acknowledged.** Applications that fail the Grants.gov

validation check are not transmitted to ACF though they may have been submitted on time.

Each time an application is submitted via www.Grants.gov, the application will receive a new date and time-stamp. Only those applications with date and time-stamps that result in a validated application, which is transmitted to ACF, will be acknowledged.

No appeals will be considered for applications classified as late under the following circumstances:

- Applications submitted electronically via www.Grants.gov are considered late when they are dated and time-stamped after the deadline of 11:59 p.m., ET, on the due date.
- Paper format applications received from applicant organizations that were not approved for an exemption from required electronic application submission under the process described in "*Request an Exemption from Required Electronic Submission*" will be disqualified.

Extensions and/or Waiving Due Date and Receipt Time Requirements

ACF may extend an application due date and receipt time when circumstances make it impossible for applicants to submit their applications on time. These events include natural disasters (floods, hurricanes, tornados, etc.), or when there are widespread disruptions of electrical service, or mail service, or in other rare cases. The determination to extend or waive due date and/or receipt time requirements rests with the Grants Management Officer listed as the Office of Grants Management Contact in *Section VII. Agency Contacts* in the published FOA.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the

method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available

to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

_____

Signature

Title

Organization

Pro-Children Act

The Pro-Children Act of 2001, 42 U.S.C. §§ 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

INSTRUCTIONS FOR THE SF-424

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Entry:	Item:	Entry:
1.	**Type of Submission:** (Required) Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.	10.	**Name Of Federal Agency**: (Required) Enter the name of the federal agency from which assistance is being requested with this application.
		11.	**Catalog Of Federal Domestic Assistance Number/Title:** Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	**Type of Application**: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify) C. Increase Duration	12.	**Funding Opportunity Number/Title:** (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	**Competition Identification Number/Title:** Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
		14.	**Areas Affected By Project:** This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
3.	**Date Received:** Leave this field blank. This date will be assigned by the Federal agency.	15.	**Descriptive Title of Applicant's Project:** (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
4.	**Applicant Identifier:** Enter the entity identifier assigned buy the Federal agency, if any, or the applicant's control number if applicable.		
5a.	**Federal Entity Identifier**: Enter the number assigned to your organization by the federal agency, if any.	16.	**Congressional Districts Of**: 15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
5b.	**Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.		
6.	**Date Received by State:** Leave this field blank. This date will be assigned by the state, if applicable.		
7.	**State Application Identifier:** Leave this field blank. This identifier will be assigned by the state, if applicable.		
8.	**Applicant Information**: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting www.Grants.gov.	17.	**Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.	18.	**Estimated Funding:** (Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting www.Grants.gov.	19.	**Is Application Subject to Review by State Under Executive Order 12372 Process?** (Required**)** Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
	d. Address: Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).	20.	**Is the Applicant Delinquent on any Federal Debt?** (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.

	e. Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity. **f. Name and contact information of person to be contacted on matters involving this application:** Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.	21.	**Authorized Representative**: To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)		

Project/Performance Site Location Instructions

Enter Project/Performance Site Primary Location (Required):

Indicate the primary site where the work will be performed. The primary project/performance site location is a required section.

If a portion of the project will be performed at any other site(s), identify the site location(s) in the additional block(s) provided. These additional sites are optional.

Field Name	Input
Organization Name	Indicate the organization name of the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
DUNS	Enter the DUNS number associated with the organization where the project will be performed.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location.
*City	Enter the City for address of the primary performance site location.
County	Select the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Select the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of the Primary Project/Performance location in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

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Project/Performance Site Location Instructions

Project/Performance Site Location 1 (Optional): Enter up to 30 performance site locations. If more than 30 performance site locations are proposed, provide the requested information in a separate file and attach.

Field Name	Input
Organization Name	Indicate the organization name of the site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided.
DUNS	Enter the DUNS number associated with the organization where the project will be performed.
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
*City	Enter the City for address of the primary performance site location. This field is required.
County	Select the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Select the name of the country for the primary project performance site.
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of this Project/Performance site in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

Add additional sites as necessary by using the "Next Site" button.

Instructions For Completing SF-424A Budget Information for Non-Construction Programs

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k -Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 -Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) -Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) -Enter the contribution to be made by the applicant.

Column (c) -Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) -Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 -Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 -Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 -Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 -Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 -Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 -Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 -Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 -Provide any other explanations or comments deemed necessary.

Instructions For Completing SF-424B Assurances for Non-Construction Programs

Title

Enter the title of the official certifying that the applicant organization will comply with the requirements set forth in this assurance form

Applicant Organization

Enter the name of the applicant organization

[This is a sample Maintenance of Effort (MOE) agreement. Section IV.2 and/or the Checklist in Section VIII of the Funding Opportunity Announcement will note whether MOEs are required as part of the application submission.]

REGARDING MAINTENANCE OF EFFORT

In accordance with the applicable program statute(s) and regulation(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families, for the specified activities to be performed under the _____ Program by _____(Applicant Organization)_____, will be in addition to, and not in substitution for, comparable activities previously carried on without Federal assistance.

_____

Signature of Authorized Certifying Official

_____

Title

_____

Date

Project Abstract Summary

Item	Entry
Program Announcement (CFDA)	When completed electronically, this is pre-populated from the SF-424 Catalog for Federal Domestic Assistance Number assigned to the Program.
Program Announcement (Funding Opportunity Number) (required)	When completed electronically, this is pre-populated from the SF-424 Funding Opportunity Number. This is the Funding Opportunity Number for the particular program announcement.
Closing Date (required)	When completed electronically, this is pre-populated from the SF-424 Opportunity Close Date. This is the closing date for the particular funding opportunity.
Applicant Name (required)	When completed electronically, this is pre-populated from the SF-424 Legal Name. This is the legal name of applicant which will undertake the assistance activity.
Length of Proposed Project (required)	Enter the length of the performance period for the project in months.
Application Control No.	Enter the length of the performance period for the project in months.
Federal Share Requested for each year Non-Federal Share 1st Year (required)	Enter the Non-Federal share amount to be provided in the first year of the project. If none, enter zero.
Non-Federal Share 2nd Year (required)	Enter the Non-Federal share amount to be provided in the second year of the project. If none, enter zero.
Non-Federal Share 3rd Year (required)	Enter the Non-Federal share amount to be provided in the third year of the project. If none, enter zero.
Project Title (required)	When completed electronically, this is pre-populated from the SF-424 Descriptive Title of Applicant's Project. This is the project title or brief description of the project.
Project Summary (required)	See Evaluation Criteria One for the critical elements that need to be included in this area.
Estimated number of people to be served as a result of the award of this grant. (required)	Enter the number of people to be served as a result of this project.

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Objective Work Plan

Item	Entry
Project (required):	When completed electronically, this is pre-populated from the SF-424 Descriptive Title of Applicant's Project: This is a brief descriptive title of the project.
Year (required):	Select the project year of support 1, 2 or 3.
ANA Goal (required):	Funding opportunities for Native American programs fall into one of three program areas. Please identify the appropriate program area for the funding opportunity for which you are submitting this application: SEDS – Social and Economic Development Strategies or Alaska SEDS LANGUAGE – Native Language Preservation and Maintenance: Cat I or Cat II ENVIRONMENT– Environmental Regulatory Enhancement NAHMI – Cat I or Cat II
Objective	Enter an objective of the project.
Results or Benefits Expected:	Enter the results or benefits expected for this objective. This field is required if an objective has been entered.
Activities	Enter the activities undertaken or to be undertaken to achieve objective results or benefits. This field is required if an objective has been entered.
Position Responsible	Enter the title(s) of the position of the person or persons responsible for achieving the objective(s). This field is required if an activity has been entered.
Time Period Begin	Enter the actual or anticipated start date of the activities (electronic forms) . This field is required if an activity has been entered. Hard copy forms will enter mo 1 / mo 3, etc.
Time Period End	Enter the actual or anticipated end date of the activities (electronic forms). This field is required if an activity has been entered. Hard copy forms can enter a mo # i.e. mo 1 – mo 3, 2tc.

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Expiration 08/30/2012